


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90036 047 ***150.00

0548943

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # 814513
 1. Corporation Name
NORTHLAND INSURANCE COMPANY

Principal Place of Business 1295 NORTHLAND DR MENDOTA HEIGHTS MN 55120-1146 US	Mailing Address PO BOX 64816 ST PAUL MN 55164-0816 US
---	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/24/1960	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 41-6009967	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**INSURANCE COMMISSIONER
 CAPITOL BLDG, PLAZA LEVEL II
 TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DCOB	<input type="checkbox"/> DELETE
NAME	GOPON, GENE G	
STREET ADDRESS	1295 NORTHLAND DR	
CITY-ST-ZIP	MENDOTA HEIGHTS MN	
TITLE	VAS	<input type="checkbox"/> DELETE
NAME	SUTHERLAND, BARBARA L.	
STREET ADDRESS	1295 NORTHLAND DR	
CITY-ST-ZIP	MENDOTA HEIGHTS MN	
TITLE	CFOT	<input checked="" type="checkbox"/> DELETE
NAME	PETERSON, WILLIAM C.	
STREET ADDRESS	1285 NORTHLAND DR.	
CITY-ST-ZIP	MENDOTA HEIGHTS MN	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	SIMON, JEROME B	
STREET ADDRESS	2900 NORWEST CTR, 90 SOUTH 7TH ST	
CITY-ST-ZIP	MINNEAPOLIS MN	
TITLE	PCEO	<input type="checkbox"/> DELETE
NAME	JONES, RANDALL DEAN	
STREET ADDRESS	1295 NORTHLAND DRIVE	
CITY-ST-ZIP	MENDOTA HEIGHTS MN	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	Vice Pres./Secretary, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Sutherland, Barbara L.	
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	Director, PCEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Jones, Randall Dean	
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	EVP, T, D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Zaborsky, Daniel J	
6.3 STREET ADDRESS	1295 Northland Dr	
6.4 CITY-ST-ZIP	Mendota Heights, MN	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Barbara L. Sutherland **Barbara L. Sutherland** 1-20-99 651-688-4500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)